## To Schedule An Appointment for Fingerprinting

Please contact Morph Trak to schedule an appointment. The most convenient way to schedule an appointment is via the internet at www.bioapplicant.com/nj. Internet scheduling is available 24 hours a day, seven days a week. Applicants who do not have internet access may call the company's toll-free telephone number 1-877-503-5981 (Monday through Friday, 8:00 a.m. to 5:00 p.m., and Saturday, 8:00 a.m. to 12:00 noon). Morpho Trak provides a toll-free TTY telephone number 1-800-673-0353, for hearing impaired applicants with a modem equipped telephone. Spanish speaking operators are available upon request.

Acceptable methods of payment are credit card, electronic debt check or money order. At the time of scheduling your appointment, payment will be required and charged to your account. Appointments must be canceled by noon on the business day prior to your scheduled time (you must cancel by Saturday at noon for a Monday appointment). If you fail to cancel your scheduled appointment, you will forfeit the \$11.00 portion of your fingerprint fee that is payable to Morpho Trak. You will also forfeit the \$11.00 fee if you fail to bring the Universal Fingerprint Form and proper ID when having your fingerprints scanned.

Ewing
Parkway Corp. Center
1230 Parkway Avenue
Ste. 102
Ewing, NJ 08628

Scheduled

Day & Date: Agency Information:

**CHESTERFIELD TWP PD** 

## Idento 60 New Jersey Universal Fingerprint Form

## www.bioapplicant.com/nj

(1) Originaling Agency Number (ORI #) NJ0030700			(2) Category LOX		(3) Statute Number 13:59-1				
(4) Reason for Fingerprinting LOCAL ORDINANCE					(5) Document Ty	(5) Document Type S1		(6) Payment Information \$42.80	
(7) Contributor's Case # (Unique Identifier)			(8) Miscellaneous	3		· · · · · · · · · · · · · · · · · · ·			
(9) First Name		(10) MI (11) La:			Name				
(12) Daytime Phone Number		(13) Social Security	Number (Opl	ional)	(14) Date of Birth	14) Date of Birth (15) Height		(16) Weight	
(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Cour			untry for all others)	ry for all others) (19) Country of Citizenship			
(20) Home Address Address		<u>.</u>	City		State	Zip	,		
(21) Gender (Select one)	(22) Ha	ir Color	(23) Eye Co	olor	(24) Race (Select				
( ) Female [ ] Male [ ] Both	(22) 110		(20) 2,0 00.01		[A] Asian/Pa [B] Black [I] Americar [W] White (In	A   Asian/ Pacific Íslander (includes Asian Indian)   B   Black   I   American Indian / Alaska Native   W   White ( Includes Hispanic/ Spanish Origin)			
25) Occupation / Position (with respect to Requirement)  (26) Employer / Organization Name (with respect to Requirement)  Employer Address									
	City				Slate Zip				
identification Requirement - Acceptal that is current (not expired). A combination Address (home/issuing agency), Date of Examples of acceptable ID are: 1) Valid U (issued after 5/10/2010), and 4) USCIS E	on of doc Birth. Ac J.S. State	uments will not be ac ceptable ID must be Photo Driver's Lice	ccepted. The issued by a nse/ Non Dri	single docu Federal, Sta ver's Licens	ument must include th ite, County or Municip e, 2) U.S. Passport, 3	e following c al entity for h	riteria: dentifi	Photo, Name, cation purposes.	
Please READ This Form Carefully: Follow all of the instructions provided by yo prior to scheduling your fingerprint appointr Universal Fingerprint Form, IDG_NJAPP_0	nent via i	the website or call ce	enter. <u>PLEAS</u>	E PRINT L	ss. You must have this EGIBLY. It is <u>required</u>	form (Block d that you <u>pr</u>	s 1 th esent	rough 26) completed this completed	
Appointment Scheduling: Scheduling is available anytime at <u>www.b</u> speaking agents are available at 1-877-50	loappli 3-5981	<u>cant.com/ni</u> , Appo , Monday through Fri	ointments ma iday, 8:00AM	y also be so to 5:00PM	heduled through our ( EST and Saturday, 8:	Call Center. 00AM to 12 I	Englis Noon I	h and Spanish EST.	
<u>Payment:</u> When an applicant is responsible for paym American Express, Discover and prepaid d	ent, payn lebit card	nent is required at the s, or electronic debit	e time of sch (ACH) from	eduling. The a checking a	o following forms of pa account. Accounts will	yment are a be debited i	ccepte mmed	d: Visa, MasterCard, lately.	
Cancel/ Reschedule: Appointments may be canceled or resched appointment (Saturday Noon for Monday a cancel/reschedule their appointment prior toriginal payment method.	ppointme	ents). An appointmei	nt fee of \$12.	00 plus tax	(\$12.80) will be incurre	ed by applica	ants w	ho do not	
Unable to be Fingerprinted: An applicant is considered "Unable to be Fidentification, inability to present this complinformation provided during the scheduling Securily will refund the remainder of the fee	eted Univ process.	versal Fingerprint Fo Applicants unable to	rm IDG_NJA o be fingerpri	PP_051719 nted will inc	_V1, or the informatio ur a \$12.00 plus tax (\$	n on this form	n does	not exactly match the	
PCN and Recelpts: Upon the completion of fingerprinting you w will not provide <i>duplicate receipts, PCN Nu</i> .	vill be ass mbers or	signed a PCN number any appointment/pri	er. The PCN v	will be recordion after the	ded on this form and o	on your recei	pt. Ide	mla identity & Securit	
Applicant ID Number:	Paymer Authori:			PCN:		, , , , , , , , , , , , , , , , , , ,			

You MUST retain a copy of this form and the receipt of printing for your personal records.

Scheduled Site:

Scheduled